

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Black Conservatives Fund

ADDRESS (number and street) ▼

PO Box 1491

☐ Check if different than previously reported. (ACC)

Annandale

VA

22003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00560599

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☒

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

UT

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patrick Krason

Signature of Treasurer

Patrick Krason

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Black Conservatives Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 04 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	32247.38	32247.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	32247.38	32247.38
7. Total Disbursements (from Line 31)	4346.50	4346.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27900.88	27900.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Black Conservatives Fund

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

8450.00

8450.00

(ii) Unitemized

23797.38

23797.38

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

32247.38

32247.38

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

32247.38

32247.38

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

32247.38

32247.38

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

32247.38

32247.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	4346.50	4346.50
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4346.50	4346.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4346.50	4346.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	32247.38	32247.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32247.38	32247.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Black Conservatives Fund

Full Name (Last, First, Middle Initial)

A. Gary Adams

Mailing Address 3420-H W MacArthur Blvd

City State Zip Code
 Santa Ana CA 92704

FEC ID number of contributing federal political committee.

C

Name of Employer

Adams Properties

Occupation

Property Management

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.7029

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Wayne Brown

Mailing Address 209 Hudson Trace

City State Zip Code
 Augusta GA 30907

FEC ID number of contributing federal political committee.

C

Name of Employer

Waynetworks

Occupation

Ceo

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.6872

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Beth Carmichael

Mailing Address 864 Jim Strain Rd

City State Zip Code
 Haskell TX 79521

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed - Haskell Farms Partners

Occupation

Farm & Ranch

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11AI.6381

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Black Conservatives Fund

Full Name (Last, First, Middle Initial)

A. paul Centenari

Mailing Address 8140 telegraph rd

City

severn

State

MD

Zip Code

21144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlas Container

Occupation

Business

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11AI.6222

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Stephanie Coleman

Mailing Address 2318 Aldworth Dr.

City

Cedar Park

State

TX

Zip Code

78613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11AI.6221

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. marc conderr

Mailing Address 8811 spanish moss

City

windcrest

State

TX

Zip Code

78239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11AI.6823

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Black Conservatives Fund

Full Name (Last, First, Middle Initial)

A. Strauss Brothers Construction Inc.

Mailing Address 700 Comstock Street

City

Santa Clara

State

CA

Zip Code

95054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strauss Brothers Construction, Inc.

Occupation

Construction

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2014

Transaction ID : SA11AI.6454

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. J. Lewis Cooper, Jr.

Mailing Address 743 Lochmoor Blvd.

City

Grosse Pointe Woods

State

MI

Zip Code

48236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Lakes Wine & Spirits

Occupation

Executive

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 22 / 2014

Transaction ID : SA11AI.6892

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Lili Daoud

Mailing Address 28 Ayrshire Lane

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed Therapist

Occupation

Psychotherapist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2014

Transaction ID : SA11AI.6973

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Black Conservatives Fund

Full Name (Last, First, Middle Initial)

A. James Flynn

Mailing Address 1016 SW Myrtle Dr.

City

Portland

State

OR

Zip Code

97201

FEC ID number of contributing
federal political committee.

C

Name of Employer

New & Neville Real Estate

Occupation

Real Estate Broker

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 21 / 2014

Transaction ID : SA11AI.6660

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. steve funghini

Mailing Address 27304 calle palo

City

sun city

State

CA

Zip Code

92586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Construction Co-ordinator

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2014

Transaction ID : SA11AI.6580

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. james hall

Mailing Address 1114 belgrave place

City

charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Medical Center

Occupation

Physician

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 24 / 2014

Transaction ID : SA11AI.7058

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Black Conservatives Fund

Full Name (Last, First, Middle Initial)

A. Mellany Lamb

Mailing Address 5109 Prince Edward Court

City

Flower Mound

State

TX

Zip Code

75022

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2014

Transaction ID : SA11AI.6426

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Thomas Lowe

Mailing Address 2630 W Lafayette Rd

City

Excelsior

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 22 / 2014

Transaction ID : SA11AI.6952

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Gary McConnell

Mailing Address 1717 S. Keller Rd.

City

Mineral Wells

State

TX

Zip Code

76067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Rancher

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.6343

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Black Conservatives Fund

Full Name (Last, First, Middle Initial)

A. Paul Newhouse

Mailing Address 24600 S Tamiami Tr 2121 PMB 307

City State Zip Code
Bonita Springs FL 34134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Guy Carpenter & Co Llc

Occupation

Reinsurance Broker

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11AI.7082

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. jerome Robertson

Mailing Address 1444 topper

City State Zip Code
los altos CA 94022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11AI.6864

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jane Rodgers

Mailing Address 29 Reservoir Street

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jane Rodgers

Occupation

Homemaker

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11AI.6492

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Black Conservatives Fund

Full Name (Last, First, Middle Initial)

A. Richard Stoker

Mailing Address 6899 Collins Ave., N 606

City

Miami Beach

State

FL

Zip Code

33141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
04 / 22 / 2014

Transaction ID : SA11AI.6869

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Walter Wild

Mailing Address 41-473 Kalaniana'ole Hwy.

City

Waimanalo

State

HI

Zip Code

96795

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired Psychologist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SA11AI.7135

Amount of Each Receipt this Period

200.00

Contribution

Full Name (Last, First, Middle Initial)

C. Rod Zilenziger

Mailing Address 16 Powderhorn Rd

City

Ho-ho-kus

State

NJ

Zip Code

07423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rodman Media Corp

Occupation

Media

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
04 / 18 / 2014

Transaction ID : SA11AI.6411

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1450.00

8450.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 16
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Black Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00560599</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Active Engagement			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 24 / 2014</div>		
Mailing Address 44084 Riverside Pkwy			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">791.75</div>		
City Lansdowne		State VA	Zip Code 20176		Transaction ID : SE.4113
Purpose of Expenditure Online Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 24 / 2014</div>	
Name of Federal Candidate MIA LOVE			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">4299.00</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Convention</u>
Full Name of Payee Active Engagement			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 24 / 2014</div>		
Mailing Address 44084 Riverside Pkwy			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">47.50</div>		
City Lansdowne		State VA	Zip Code 20176		Transaction ID : SE.4115
Purpose of Expenditure Online Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 24 / 2014</div>	
Name of Federal Candidate MIA LOVE			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">4346.50</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Convention</u>
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">839.25</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Patrick Krason</i>			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 29 / 2015</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 16
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Black Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00560599		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Conservative Connector			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014		
Mailing Address 203 S. Alfred Street			Amount 1045.50		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4107		
Purpose of Expenditure Online Advertisng		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014		
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>		
Calendar Year-To-Date Per Election for Office Sought		2200.25	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Convention</u>		
Full Name of Payee Conservative Connector			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014		
Mailing Address 203 S. Alfred Street			Amount 1045.50		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4109		
Purpose of Expenditure Online Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014		
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>		
Calendar Year-To-Date Per Election for Office Sought		3245.75	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Convention</u>		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2091.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Patrick Krason</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 29 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Black Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00560599		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee ONE NATION PAC			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014		
Mailing Address PO BOX 10144			Amount 314.75		
City PALM DESERT		State CA	Zip Code 92255		
Purpose of Expenditure Online Advertising		Category/Type 004		Transaction ID : SE.4105 Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014	
Name of Federal Candidate MIA LOVE			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1154.75			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Convention		
Full Name of Payee STOP HILLARY PAC			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014		
Mailing Address 717 KING STREET STE 300			Amount 840.00		
City ALEXANDRIA		State VA	Zip Code 22314		
Purpose of Expenditure Online Advertising		Category/Type 004		Transaction ID : SE.4100 Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014	
Name of Federal Candidate MIA LOVE			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 840.00			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Convention		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1154.75		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Patrick Krason</i>			Date MM / DD / YYYY 05 / 29 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 16
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Black Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00560599	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Wisconsin Recall Action Fund		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014	
Mailing Address 544 E Ogden Ave		Amount 261.50	
City Milwaukee	State WI	Zip Code 53202	Transaction ID : SE.4110
Purpose of Expenditure Online Advertising		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 3507.25		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Convention	
Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		261.50	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....		4346.50	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Patrick Krason		Date 05 / 29 / 2015	
		[Electronically Filed]	